

Implementation of Federal Health Reform:
Patient Protection and Affordable Health Care Act
 Key Provisions affecting IDPH

Timeline	Section	Summary	Funding	MOE or Match ?	IDPH Action	Lead Staff
2010	2951	<p>MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS. Creates a new section of the Maternal and Child Health Block Grant that gives grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries.</p> <p>Priority populations include families in communities of need, low income families, pregnant women under age 21, families with a history of child abuse and neglect or a history of substance abuse in the home, families of children with low academic achievement, children with developmental delay or disabilities, or families including those in the Armed Forces who have had multiple deployments outside the U.S.</p> <p>Funds must be used for home visiting services and the entity must supplement funds through maintenance of effort, not a state match. Grant announcement: HRSA-10-275</p>	\$100M FY10 (Appropriated)	MOE	<p>7/9/10: First of three applications due to HRSA for the 2010 application process (submitted)</p> <p>9/1/10: Second of three applications due to HRSA/ This application includes the statewide needs assessment</p> <p>January 2011?: Third of three applications due to HRSA. Implementation plan- identification of population and services</p>	Gretchen Hageman
2010	2953	<p>PERSONAL RESPONSIBILITY EDUCATION. Adds Section 513 to the Title V (MCH) section of the Social Security Act. Creates a new state formula grant program to enable states to operate a new Personal Responsibility Education program. States receive an amount based on the size of its youth population (ages 10-19) as a percentage of the national youth population. Each state also</p>	\$75M annually FY10- FY14 (Appropriated)	TBD	IDPH designated as lead agency. Federal guidance pending	Denise Wheeler

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		receives a base allocation of at least \$250,000 for FY10-FY14. The program is designed to educate adolescents on abstinence and contraception to prevent pregnancy, sexually transmitted infections (STIs), and HIV/AIDS.				
2010	2954	RESTORATION OF FUNDING FOR ABSTINENCE EDUCATION. Restores funding for Abstinence Education in the Social Security Act (Sec 510)	\$50M annually FY10-FY14 (Appropriated)	N/A	State not applying for funds	N/A
2010	10212 - 10315	ESTABLISHMENT OF PREGNANCY ASSISTANCE FUND. Funds new competitive grant program to states to help pregnant and parenting teens and women. States are able to make grant funds available to institutions of higher education, high schools or community service centers to establish, maintain, or operate pregnant and parenting student services. States may also make funds available to the attorney general to assist pregnant women who are victims of domestic violence, sexual violence, sexual assault, or stalking.	\$25M annually (FY10-FY19)	TBD	IDPH seeking lead-agency status. Pending federal guidance	Denise Wheeler
2010	5102	STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS. Competitive HRSA grant program to enable state partnerships to complete comprehensive planning and carry out activities leading to coherent and comprehensive health care workforce development strategies at the state and local levels. 1. Authorized funds are <u>planning</u> grants for FY10 at \$8M and such sums as necessary for subsequent fiscal years. Grant announcement: HRSA-10-284	<u>Planning</u> Max award of \$150K per grant guidance <u>Implementation</u> \$1.5M	None	<u>7/19/10: Application deadline for Planning grant.</u> Iowa Workforce Development lead agency on grant. IDPH collaborating with IWD. (See Prevention	Michelle Holst

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		<p>2. Also authorized are <u>Implementation</u> grants for FY10 and \$150M and such sums as necessary for subsequent fiscal years. Grant announcement: HRSA-10-285</p> <p>Grant guidance only provides \$1.5 to be awarded to one entity.</p>	FY10 per grant guidance		<p>and Public Health Fund below.)</p> <p><u>Implementation</u> Iowa not applying – only one award available – encourages planning grant first.</p>	
	5309?	<p>Nursing Assistant and Home Health Aide Program. The purpose of the Nursing Assistant and Home Health Aide (NAHHA) program is to provide infrastructure support for the development, evaluation, and demonstration of a competency based uniform-curriculum to train qualified nursing assistants and home health aides. The NAHHA program will strengthen the direct care workforce by providing nursing assistants and home health aides with the necessary skills that can be transportable to any job market in the nation. Grants will be made to state-approved community colleges or community-based training programs for the development, evaluation and demonstration of training programs for nursing home aides and home health aides on-campus, at alternative sites, and through telehealth methodologies.</p> <p>Per grant guidance, \$2.5 million will be provided to approximately 10 grantees for up to \$250,000 per year for three years. Grant announcement: HRSA-10-273</p>	Up to \$250,000 per year for three years	None	<p>7/22/10: Application deadline. IDPH discussing with a community college whether to submit application</p>	Erin Drinnen
2010	5507	<p>DEMONSTRATION PROJECTS TO ADDRESS HEALTH PROFESSIONS WORKFORCE NEEDS. This section</p>	\$85M for FY10-12	None	<p>8/5/10: IDPH working with IWD,</p>	Michelle Holst

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		<p>establishes two new demonstration projects. The first requires HHS in consultation with the Department of Labor to award grants that provide individuals receiving assistance under TANF and other low-income individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortage or be in high demand. Grant guidance states award amount will range from \$1M to \$5M with a five-year grant timeframe. \$51M total provided for the demonstration project per grant guidance. Grant announcement: HHS-2010-ACF-OFA-FX-0126</p> <p>The second demonstration project requires HHS to award funds to states to conduct demonstrations for the purpose of developing core training competencies and certification programs for personal or home care aides. Grant announcement: HRSA-10-288</p> <p>\$85M authorized for FY10-FY14 for both demonstration projects. However, PPACA appropriates \$5M annually of this total amount for the personal or home care aides demonstration project.</p> <p>Grant guidance states six awards for \$750,000 per year for three years will be awarded.</p>	<p>(Authorized)</p> <p>\$5M annually FY10-FY12 (Appropriated)</p>	None	<p>DHS and other stakeholders to apply for grant. IWD to be lead applicant.</p> <p>July 19, 2010: Application deadline. IDPH in process of submitting personal or home care aides grant to HRSA</p>	Erin Drinnen
2010	4002	<p>PREVENTION AND PUBLIC HEALTH FUND</p> <p>\$250M for primary care workforce (HRSA):</p> <ul style="list-style-type: none"> \$168 million to create additional primary care residency slots by training more than 500 new primary care physicians by 2015. Eligible applicants are accredited 	\$500M (Appropriated)	N/A	State agencies not eligible.	N/A

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		<p>residency training programs in family medicine, general internal medicine and/or general pediatrics. (Sec. 5301)</p> <ul style="list-style-type: none"> • \$32 million to support the training of more than 600 new physician assistants in primary care, who practice medicine as members of a team with their supervising physician, and can be trained in less time than physicians. Eligible entities are accredited physician assistant training programs. (Sec. 5301) • \$30 million to increase the number of trained nurse practitioners, providing incentives for over 600 nursing students to attend school full-time and complete their education sooner. Eligible entities are schools of nursing, academic health centers, or other nursing accredited agencies recognized by the Department of Education. (Sec. 5509) • \$15 million to establish 10 new nurse practitioner-managed health clinics to assist in the training of nurse practitioners. These clinics are staffed by nurse practitioners, who provide comprehensive primary health care services to populations living in medically underserved communities. Eligible applicants must be nurse-practice arrangements managed by advanced practice nurses, which provide primary care or wellness services to underserved or vulnerable populations, and have an association with a school, college, university, or department of nursing, federally qualified health center, or independent nonprofit health or social services agency. (Sec. 5208) • \$5 million for states to plan (\$2M) and implement (\$3M) innovative strategies to expand their primary care 		<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>None</p>	<p>State agencies not eligible</p> <p>State agencies not eligible</p> <p>State agencies not eligible</p> <p>7/19/10: Application deadline. Iowa Workforce Development lead agency on</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>Michelle Holst</p>

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		<p>workforce by 10-25% over ten years to meet increased demand for primary care services. State Workforce Investment Boards are eligible applicants. (Sec. 5102) These are the HRSA-10-284 and HRSA-10-285 mentioned above.</p> <p>\$250M for prevention and wellness with the following priority areas:</p> <ul style="list-style-type: none"> • \$126M Community and Clinical Prevention <ul style="list-style-type: none"> ○ \$74M Putting Prevention to Work: to support federal, state and community initiatives to use evidence-based interventions to address tobacco control, obesity prevention, HIV-related health disparities, and better nutrition and physical activity. ○ \$20M Primary and Behavioral Health Integration: to assist communities with the coordination and integration of primary care services into publicly-funded community mental health and other community-based behavioral health settings. ○ \$16M Obesity Prevention and Fitness: to advance activities to improve nutrition and increase physical activity to promote healthy lifestyles and reduce obesity related conditions and costs. These activities will support the First Lady's "Let's Move!" initiative and help implement recommendations of the President's Childhood Obesity Task Force. 		<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>grant. IDPH collaborating with IWD.</p> <p>Pending federal guidance</p> <p>Pending federal guidance</p> <p>Pending federal guidance</p> <p>Pending federal guidance</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>

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		<ul style="list-style-type: none"> ○ \$16M Tobacco Cessation: to implement anti-tobacco media campaigns showing the negative health consequences of tobacco use, telephone-based tobacco cessation services, and outreach programs targeting vulnerable populations. ● Public Health Infrastructure (\$70M) <ul style="list-style-type: none"> ○ \$50M Public Health Infrastructure: to support state, local, and tribal public health infrastructure to advance health promotion and disease prevention through improved information technology, workforce training, and regulation and policy development. <p>Strengthening Public Health Infrastructure for Improved Health Outcomes grant released by the CDC. This program will increase the capacity and ability of health departments to meet national public health standards, such as those of the National Public Health Performance Standard Program, Public Health Accreditation Board, and National Quality Forum.</p> <p>Component I: non-competitive, Iowa will receive 200,000 (first 12 months, graduated funding based on population) to hire a Performance Improvement Manager.</p> <p>Component II: competitive, CDC to award up to 27 contracts with funding between 1M and 2.7M (first 12 months).</p> <p>5 year project period and each component</p>		<p>None</p> <p>N/A</p> <p>N/A</p>	<p>8/9/10: Application deadline. IDPH is in process of submitting application to the CDC</p> <p>Pending federal guidance</p> <p>Pending federal guidance</p>	<p>Martha Gelhaus</p> <p>N/A</p> <p>N/A</p>

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		<p>requires an application. Grant announcement: CDC-RFA-CD10-1011</p> <ul style="list-style-type: none"> ○ \$20M Epidemiology and Laboratory Capacity Grants : to build state and local capacity to prevent, detect, and respond to infectious disease outbreaks. • Research and Tracking (\$31M) <ul style="list-style-type: none"> ○ \$21M Surveillance: to fund data collection and analysis to measure the impact of health reform and support strategic planning. ○ \$5M Community Preventive Services Task Force: to strengthen CDC's Community Guide by supporting the Task Force on Community Preventive Services' efforts to identify and disseminate additional evidence-based recommendations on important public health decisions to inform policymakers, practitioners, and other decision makers. ○ \$5M Clinical Preventive Services Task Force: to expand the development of recommendations for clinical preventive services, with enhanced transparency and public involvement in the processes of the Task Force. • Public Health Training (\$23M) <ul style="list-style-type: none"> ○ \$8M Public Health Workforce: to expand CDC public health workforce programs to increase the number of fellows trained and placed in public 		<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>Pending federal guidance</p> <p>Pending federal guidance</p> <p>Pending federal guidance</p> <p>Pending federal guidance</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>

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		health positions. <ul style="list-style-type: none"> ○ \$15M Public Health Training Centers: support training of public health providers to advance preventive medicine, health promotion and disease prevention, and improve the access and quality of health services in medically underserved communities. 				
2011	2951	MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS: Grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries	\$250M FY11 (Appropriated)	TBD	Pending federal guidance	TBD
2011	2951	MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS: Grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries	\$350M FY12 (Appropriated)	TBD	<ul style="list-style-type: none"> • Pending federal guidance • No more than 30 days into year 3, states must send report to HHS Secretary with three-year benchmarks to show improvement. 	TBD
2011	4002	PREVENTION AND PUBLIC HEALTH FUND	\$750M FY11 (Appropriated)	N/A	Pending federal guidance	N/A

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2012	4002	PREVENTION AND PUBLIC HEALTH FUND	\$1B FY12 (Appropriated)	N/A	Pending federal guidance	N/A
2013	4002	PREVENTION AND PUBLIC HEALTH FUND	\$1.25B FY13 (Appropriated)	N/A	Pending federal guidance	N/A
2014	4002	PREVENTION AND PUBLIC HEALTH FUND	\$1.5B FY14 (Appropriated)	N/A	Pending federal guidance	N/A
2015	4002	PREVENTION AND PUBLIC HEALTH FUND	\$2B FY14 (Appropriated)	N/A	Pending federal guidance	N/A
2013-2015	2951	MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS: Grants to states to deliver services under early childhood home visiting programs to improve MCH, school readiness, and socioeconomic status and to reduce child abuse, neglect, and injuries	\$400M annually FY13- FY14 (Appropriated)	TBD	<ul style="list-style-type: none"> Pending federal guidance 3/31/15: HHS Secretary submits a report to Congress evaluating state needs assessments, analyzing results and assessing 	TBD

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					program effectiveness <ul style="list-style-type: none"> • 12/31/15: States submit final report to HHS Secretary demonstrating improvement in MCH programming 	